2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 8:00 am Secretary of State DOCUMENT # P97000082305 1. Entity Name 02-28-2005 90199 049 ***158.75 MASY'S CORP. Principal Place of Business Mailing Address 215 SW 125TH AVE 215 SW 125TH AVE PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0782266 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAHSHEH, WAEL Street Address (P.O. Box Number is Not Acceptable) 1631 NW 100TH WAY PLANTATION FL 33324 S.W. 125# 8. The above named entity submits this statement for the purpose of chaeging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (genf signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition Delete DAHSHEH, WAEL NAME NAME 1681 NW 100TH AWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLANTATION FL 33322 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition DAHSHEH, HANAN STREET ADDRESS 1681 NW 100TH WAY STREET ADDRESS CITY-ST-7IP PLANTATION FL 33322 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TOLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED